N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
THIS IS A PERMANEN	ld be stated EXACTI	ay be properly classified.	ck of certificate.
WITH UNFADING INK-	efully supplied. AGE shoul	in plain terms, so that it ma	int. See instructions on bac
N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH i	TION is very important. See instructions on back of certificate.

HUSBANO of Core Wife of Many Capella 1. Selection 1. Sele	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10341
Village or City Length of residence in city or jown where death occurred 15. yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. mos. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. ds. Mow long in U.S., II of foreign birth? yrs. Mow long in U.S., II of foreign birth? yrs. Mow long in U.S., II of foreign birth? yrs. y	1. PLACE OF DEATH	97)
Length of residence in city or jown where death occurred (b. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. how	County Reyf-	Registration Dist. No. 213
Length of residence in city or jown where death occurred 15. yrs. 10. mos. ds. How long in U.S., II of foreign birth? yrs. 10. mos. ds. How long in U.S., II of foreign birth? yrs. 10. mos. ds. How long in U.S., II of foreign birth? yrs. 10. Mark.	Village or City Office Stalle	
(a) Residence No. (i) Chailplace of shelds PERSONAL AND STATISTICAL PARTICULARS 3. SEX. (a) COLOR OR RACE S. SINCLE MARRIED, WIOOWSD. OR DIVORCED Cornic the woyd) So. II married, wijdowd, or divorced (iii) Will of Market Color or BIRTH (mybit), dev, and year) So. II married, wijdowd, or divorced (iii) Will of Market Color or BIRTH (mybit), dev, and year) So. II married, wijdowd, or divorced (iii) Will of Market Color or BIRTH (mybit), dev, and year) So. II married, wijdowd, or divorced (iii) Will of Market Color or BIRTH (mybit), dev, and year) So. II married, wijdowd, or divorced (iii) Will of Market Color or BIRTH (mybit), dev, and year) Days: II tLESS than 1 (a) (a) (a) (b) (a) (b) (a) (a) (b) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a		
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Personal And State Persona	2. FULL NAME fames reduvera	Ириц.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIGOWED, OR DIVORCED Curric the word) So. If married, widowed, or divorced HUSBAND OR BUTCHED Curric the word) So. If married, widowed, or divorced HUSBAND OR BUTCHED Curric the word) So. If married, widowed, or divorced HUSBAND OR BUTCHED Curric the word) So. DATE OF BIRTH (month, day, and year) A. AGE Vears Noghtis Days If LESS than I day, I day,		
3. SEX. 4. COLOR OR RACE OR DIVORCED (switch in word) Si. If married, widowed, or divorced it useful) Si. If married, widowed		
OR DIVORCED ("write the word) So. If married, widowed, or divorced ("Worked" ("Worked		
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To have occurred on the date stated above, at	5a. If married, widowed, or divorced HUSBANO of Mary Elegabeth H. Volk Lynn	06. 1 1000 116 -11
To have occurred on the date stated above, at	Day 10 1848	i last faw h line alive on Opt 14 1934 death is said
Trade, profession, or particular Mind of work dome, as SPINNER, Mind of work as a spin in the s		2- 0
Trade, profession, or particular that of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Status of the work was done, as SILK MILL, Status of the socipation (month and 120 spent in this spent in this socipation (month and 120 spent in this spen	C/ / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
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Description (month and year) 11. Total time (year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED 11. Total time (year) Specify city or town) (State or country) 10. Other Coutributory Causes of importance: 11. Total time (year) Specify or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. Total time (year) Specify or town) (State or country) 12. UNDERTAKER (Address) 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there en au'opsy? 24. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 25. Decify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 16. Was disease or injury in eny way related to occupation of abcdessed? 16. Specify (Signed) 17. Was disease or injury in eny way related to occupation of abcdessed? 18. Specify (Signed) 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny way related to occupation of abcdessed? 19. WAS disease or injury in eny	Industry or business in which work was done, as SILK MILL, Meture	south decline of 1984
12. BIRTHPLACE (city or town) (State or county) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) (Addre	U 10 Date deceased last worked at 11. Total time (years)	mulate 100
(State or country) 14. BIRTYPEACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place ACMAY Date Date OF A May May Place Acidents of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED OCC. 2D. 1934 MMA: B. Amadam Mame of operation Name of operation	1 P. 1 Pa	Other Contributory Causes of importance:
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 10. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) M. D. M. D.	(State or country)	
17. INFORMANT Classics for town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Working Maple Date Oct 21, 1984 19. UNDERTAKER (Address) 19. UNDERTAKER (Address	2 15 MAIDEN NAME	
17. INFORMANT Classics for town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Working Maple Date Oct 21, 1984 19. UNDERTAKER (Address) 19. UNDERTAKER (Address	I P	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED (C. 2D., 19.8.4. MAR.) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) M. D.	O 16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Place McSluy (Napel Date Oct 2), 1984 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	man Whales my	(Specify city or town, county and State)
Place Wesley (Nafel Date P. 2), 1984 Nature of Injury 19. UNDERTAKER (Address) Weslewight Del. 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed)		
19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	11 10/20/20/ (1/8/2)	
(Address) Wilmitator Del. 16 so, specify (Signed) M. D. M. D.	Place for Culty North Date 2 1, 1904	Nature of injury
20. FILED Det. 2D. 1984 Mrs. T. B. Dunday (Signed) Juga March M. D.		
	20. FILED (Det. 2D., 1984 Mrs. 7. B. Dundan,	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10342
1. PLACE OF DEATH U	920
County	Registration Dist. No. 209
Village or City Rock / Vall	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR OR OR Or (wirte the word)	21. DATE OF DEATH OF 25, 193 4 (Month) (Day) (Year)
(or) WIFE of Zeo, S. Biddle	22. HEREBY CERTIFY, That I attanded deceased from July 19 TH 19 74, to OCT 25 Th 19 34
6. DATE OF BIRTH (month, day, and year) Oct. 15, 1861	I last saw h. 21 alive on CEF 24 , 1934; death is sale
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the data stated above, at _9m. S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	chronic negocarditis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	acute heartfailure
10. Date deceased last worked at this occupation (month and year) - occupation - oc	
12. BIRTHPLACE (city or town) Kent Co.	Other Coutributory Causes of Importanca:
(State or country) Lacyland Lacyland Lacyland	- typertisioins
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Mrs. W. Q. P. Bling (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Howard
18. BURIAL, CREMATION, OR REMOVAL Place Chester Cemelery Date 10/28, 19.3,	Manner of injury Nature of Injury
19. UNDERTAKER Roll + Skeillon (Address) Checkerlown, M.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED / 0 / 2.8 , 1934 Mars 7 B. Durdur Registrar.	(Signed) albert a Pourgard M. I
If more blanks are needed, address State Registr.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEA	HTA
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	1	10	E.	-

1. PLACE OF DEATH	(158)
County Rent	Registration Dist. No.
Village Dr City (vlemans	ND. St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds \times How long in U. S. it of toreign birth?
Pin D	Jose Baly
2. FULL NAME THESE ISS	Die Due 9
(a) Residence: No. Surado May and (Usual place of abgold	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
5a. It merried, widowed, or divorced HUSBAND of	
(or) WIFE ot	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Cor 7 481934	I last saw h. Lt. elive on Och 26th, 193 4 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:
8 Trade profession or particular	were as collows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL,	mal mibrelion:
SAW MILL, BANK, etc	Primary Cause & Unknown . Con
O this occupation (month and year) occupation	may 25th, 1935.
G Pa	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town).	11- 15600
	Man Ginner
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country) Among RFA- VVCC	Whet test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. It deeth wes due to external causes (VIDLENCE) fill in elso the following:
O 16, BIRTHPLACE (city or town) (Stete or country) Morton RF=0 Z	Accident, suicide, or homicide?
- (Stelle of Country) // Con A File Links	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Christophy / 12 wells	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colemans Ind Date Cle 26, 19.34	Nature of injury.
20000	24. Wes diseese or injury in eny way releted to occupation of deceased?
19. UNDERTAKER 212 O Power (Address) STI D P Power 2	It so, specity
Datal sy man. h	(Signed) Si Gillmall M. D.
20. FILED Registrar,	(Address) Bull Yoxarl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gollstones 1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state

N. B.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	314
1	. PLACE OF DEATH	95-2	(
	County Kent	Registration Dist. No. 200	
	Village or City Colomans Morton and 84	W, No. St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and nu-	
,	. FULL NAME Cassie Butles		us•
	(a) Residence: No.	St Ward.	
_	(Usual place of abode)	If nonresident give city or town and Si	ate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Worth (Month) (Day)	193 4
5a.	If merried, widowed, or divorced 'HUSBAND of (or) WIFE of HUSBAND OF	22. I HEREBY CERTIFY, That I attended de	ceesed from
6.	DATE OF BIRTH (month, day, and year) Olar De 1898	I last saw hele elive on Oct 19 1984.	_, 19deeth is seld
_	AGE Yeers Months Deys If LESS then	to have occurred on the date steted above, et 430 P.m.	3010
	36 b 19 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
N	8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	leardio- renal -	Date of onset
OCCUPATION	9. Industry or business in which	morficing	7 runeth
CUP	work wes done, es SILK MILL, A work wes MILL, BANK, etc	-	ment.
Ö	1D. Dete decessed lest worked at this occupetion (month end yeer) toccupation		
-	yeer) occupation	Other Coatributory Causes of importence:	
12.	BIRTHPLACE (city or town)		
2	13. NAME HENRY BANGE		
FATHER	14. BIRTHPLACE (city or town)	Neme of operation Dete of	
- !	(Stete or country)	What test confirmed diegnosis? Wes there en eul	opsv?
MOTHER	15. MAIDEN NAME Sallie Forman	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
101	16. BIRTHPLACE (city or town) Kly-Co	Accident, suicide, or homicide? Date of Injury	, 19
-	(Stete or country) maryland.	Where did injury occur? (Specify city or town, county and State)	~~~~~~~
17.	(Address) Notion mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, DR REMOVAL	Manner of injury	•
_	Place 1934	Neture of Injury	
19.	UNDERTAKER Still Cond mid.	24. Wes disease or injury in any way related to occupation of deceased?	
20.	FILED MV (, 1934 Melaila Registrar.	(Signed) Restertown, All	/M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1>

PLACE OF DEATH	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Sim Mellington (No	/16 3 - 10 3 4
Village or City (No.	St.: Ward) (In a hospitul or Institu- tion, give its NAME in -
2FULL NAME Samuel Cor	stend of street and number.)
-TOLL NAME	AA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH CON S
male Colored. OR DIVORCED	, 139
(Write the word)	I HEREBY CERTIFY, That I attended the deceased from
J. G.	- 1921 to Och 3 - 19214
(Month) (Day) (Year	f. 11 . O. 1 2
7 AGE (Month) (Day) (Tear	-1
I day h	
6 / yrsmosds. ormi	
8 OCCUPATION	Che Intentitor Nestrelles
(a) Trade, profession or Harmer	
(b) General nature of industry	Angeles
business, or establishment in which employed or (employer)	(Durstion Several mos de.
9 BIRTHPLACE	Contributory Secondary
(State or country) Md.	(Duration) yrsds.
10 NAME OF O	(Signed) Mesnet Parice M. D.
FATHER Samuel Comegus	= (LL # 1924 (Address) Mr. Bui
of Father (State or country)	
11	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sully Tol	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
6 6 . 0	Former or
(Informant) Mrs. Unnil Conleyys	usual res.dence
(Address) millington, Ind. O V.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ATTENDED TO COMPANY DOMESTIC D	millington, Ma. Cell. 6, 1934
15 Filed Oct 5- 1934 Werritt Brice	20 UN DERTAKER HO. W. D. ADDRESS P. A.
Depty Registra	John C. Wolan Den. Millington My
If more banks are needed, addre. Litate Negist	trar, 13 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory

II this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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RUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	L SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

A- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	940
occi	County Steril-	Registration Dist. No.
should of OCC	Village or City Reservours (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t S	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
YSICIANS	2. FULL NAME CANCE M. Lollo.	W
SIC ate	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. PHYS	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH Ord 193 4 (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marlagel Latters	22. I HEREBY CERTIFY, That I attended deceased from
X X	C Distriction	Och 7 ,1984,10 50 och 20,1932
	6. DATE OF BIRTH (month, day, and year) (119 23 /8 75	I last saw hore alive on Oct 70 , 1934; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at L. J. J. M. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
stat proj	97 2 ~ 6 ormin.	were as follows:
of o	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
ould may back	9/Industry or business in which work was done, as SILK MILL.	Anfina Pectons
	work was done, as SILK MILL, SAW MILL, BANK, etc	
0 4 5	this occupation (month and year) spent in this year)	
oplied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) Lesstis Lours Md.	Other Contributory Causes of importance:
ied.	(State or country)	none
supplied terms, ee instru	II 13. NAME TOUR SECOND	
sul vin t	14. BIRTHPLACE (city or town) Made (State or country)	Name of operation Date of
lly plai	(diate of county)	What test confirmed diagnosis? Was there an autopsy?
be carefully EATH in pla important.	15. MAIDEN NAME QUE A MICHAELE 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
-	[6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 200 Date of Injury 19
e c AT	X (State or country)	Where did injury occur?
ADDA	17. INFORMANT Mefficiel following (Address) Chester Deep MAI	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shou OF	18. BURIAL, CREMATION, OR REMOVAL MA	Manner of injury
图 :=	Place Sesteriours Date Oct-23, 1984	Nature of injury
-WEITH mation s CAUSE TION is	19. UNDERTAKER W.J. Theks.	24. Was disease or injury in any way related to occupation of deceased?
	(Address)	If so, specify Don Don Other
ż	20. FILED Clc+ 22, 1934 W.J. Theeks Registrar.	(Signed) Way Wrakana M. D. (Address A = weeker ned
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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis		
	13.031,10.00		1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL SPACE FOR	FURTHER STA	TEMENTS BY	PHYSICIAN
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). Every i	SICIANS	atement of		
P	RECORI	Y. PHYS	Exact st		
WARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
FOR BI	IS A PER	stated E	properly c	TION is very important. See instructions on back of certificate.	-
C E	HIS	be	, pe	o jo	
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STATE OF MARYLAN)—CERTIFICA	TE OF	DEATH
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T	T.	15	1	1
- 1	0	0	-86	1

1. PLACE	OF DEAT	Н		•		
County	-Kent				Registration Dist. No. 200	
Village or	City Gal	ena	leath occurred	(If	No. St., No.	Ward
2. FULL N						
		ar was a	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND	STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	_
3. SEX F.		OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Oct.O 4 , 193 4 . (Month) (Day) (Yea	r)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorc	ed			22. I HEREBY CERTIFY. That I attended deceased Apr. 20 ,1934 ,to Oct. 4 ,193	34.
	fears 62	Months	Days	If LESS than 1 day,hrs. ormin.	I last saw h Dr alive onQct4	
9. Industry of work of SAW M	orestion, or par f work done, as ER, BOOKKEEP or business in was done, as SI MILL, BANK, etcased last work coupation (mont	which LK MILL, c ed et h and	spen	me (years) it in this pation	Carcinoma of stomach	
12. BIRTHPLACE (State or co		Delawa	re		Other Contributory Causes of Importance:	
13. NAME	Cas	per Eas	ton			
(Stete	CE (city or tow or country)	n) Del.			Neme of operetion Dete of	
16. BIRTHPLA	NAME Ala	pbare Dr.	-		23. If death wes due to external causes (VIOLENCE) fill In else the following: Accident, suicide, or homicide?	
17. INFORMANT(Address)		Givan			(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREM	ATION, OR RE	MOVAL		7, 1934	Manner of injury	
(Address)	Felt	on, Del.		Jones	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	. M. D.
ZU, FILED	, 18		MAA-1119.	Registrar.	(Address)	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1001 ES NAV	148		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May ,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 200

(if death occurred in a hospital or institu-Ward)

tion, give its NAME is -stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

***************************************	Qcl.		5,	1934
************************	(Month)	(I	Day)	(Year)
HEREBY CERTIF				
15 13 193	3. to	()	~ · V	, 1923 4
t I last saw handalive o	n	let	- 4	, 1923 4
that death occurred on the	e date st	ated abov	e, at 3.	05 P.m
CAUSE OF DEATH & Was	as follows	:	4	Phine
4			1	11 1
hom automil	ile C	racio	lent?	Det 73,
(Duration)	VIS	mo	
accident recovered nea		Sast.	Cacil C	ounty.
Secondary	Duration)	A	mc mc	ewy R.
ned)	est	B	zu	
T. (a. 19834 (Address	کــــــــــــــــــــــــــــــــــــ	Tall	Alda J	ud
*State the Disease Ca Violent Causes, state (1) Accidental, Suicidal or Homici	using Dea Means of lab	ath, or, Injury	in deat and (2)	hs from Whether
ENGTH OF RESIDENCE	(For He	spitals,	Institutio	ns, Trans
olace eathyrsde		the State	yrs1	mosds

DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); State of the control of th

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The valvular heart disease; contributory

approved by Committee on Nomenclature of the American Medical Association.

If this certificate is bloked over thoroughly and all questions answered in detail, it will preven further correspondence. All the data is essential and quest be obtained before the certificate is permanently field.



STATE OF MARYLAND-CERTIFICATE OF DEATH

29	4 .	18	p	1 .
- 1	11	.1	. 7	U.
J.	V	U	11	11

1. PLACE OF DEATH	(97)
County Ceep	Registration Dist. No. 204
Village or City Daulee	NoSt.,Ward (If death occurred in a horpital or inslitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs.	.mosds. How long in U.S. if of foreign blrth?yrsmosds.
(a) Residence: No. Facilities (Usual place of abode)	Constant of the state of the st
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED OR DIVORCED (write the word	
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Thomas. Thanks.	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) will was \$5	Hast saw has alive on alive on 1954; death is said
7. AGE Years Months Days If LESS that 1 day, ormin.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occuration (month and experiments) this porturation (month and experiments)	Museal Arles folerous
1D. Date deceased last worked at this occupation (month and 1900) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) feet a (State or country)	Dther Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	- Mai munian
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mayaret leachel 16. BIRTHPLACE (city or town) - Kend Or (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT And Bulley (Address) Checkerland.	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL yard Place Fornleschurch Date Oct 17, 19.	Manner of injury
19. UNDERTAKER OV J Sticks (Address) Phisological way	24. Was disease or injury In any way related to occupation of deceasod?
20. FILED Oct 15, 19 34 2. W. Smith Registrar	(Signed) front M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1.1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state OCCUPA-

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item of infor-

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	351
1. PLACE OF DEATH		92-0	3
County Keut		Registration Dist. No.	?
Village or City Kinners	hecks - Kork Hax	No. St., f death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where de		de. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Juliu	Heury Higgins		
(a) Residence: No. PWY	muers recks	St.,Ward.	
	(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTIC	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE Mate Thite	OR DIVORCED (write the word)	(Month) (Day)	93 // (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended de-	ceased from
(or) WIFE of Uci min Hig	9 au	oct 23 rel 19 84, 10 oct 2 6 76	., 19. 34
6. DATE OF BIRTH (month, day, and year)	Menown 1856	I last saw h is alive on Oct 2675 1934;	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8 40 A-m.	
78 .	1 day,hrs.	THE RIVER OF CHOOL OF BEATH ONE FORCE COURSE OF THE POST OF THE PO	Data of onsat
Frade, profession, or particular	eti	chimic his orardity	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	minical	Clromi Evolot architis	
work was done, as SILK MILL, SAW MILL, BANK, etc.		heart failure	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this		
year)	occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Phimue	rs reels		
(State or country)	a !	- Hyportatie Pneumorna	
13. NAME Comes H	g q ms		
13. NAME Course H	Lucity	Name of operation Date of	
(State of country)	1. 1.0 B. W	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIOEN NAME Harrie 16. BIRTHPLACE (city or town)	it too vieca.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	_
0 16. BIRTHPLACE (city or town)	Kuo 20 4	Accident, suicide, or homicide? Date of Injury	, 19
1 (State of Coamily)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT More Cl. Kl. (Address)	4>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	t.
18. BURIAL, CREMATION, OR REMOVAL	1 m 1	Manner of injury	
Place Wesley Chaf	Upate Uct, 29., 1934	Nature of injury	
19. UNDERTAKER W	Good	24. Was disease or injury in any way related to occupation of deceased?A	
(Address) Church	till, and	If so, specify	
20. FILED (DCF. 27, 1934) MNS	7.13. Durding	(Signed) rebert Q. Burgard	M. I
20. 11cm - 121-121-121-121-121-121-121-121-121-1	Registrar.	(Andress) Rock Hall hul	A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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M)	Jo	pln	8	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		Registration Dist. No.	2.1/3
County City Cock Village Dr City Cock Length of residence in city or town where do	(1f	ND. SI death occurred in a hospital or institution, give its NAME instead of stree	t., Ward
	gertrache Jaco	St., Ward.	
(a) Residence: No.	(Usual place of abode)	If nonresident give city or tow	n and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
3. SEX 4. COLOR OR RACE Hurale 4hit	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrical	21. DATE OF DEATH Oct 12 (Month) (Day)	, 193.// (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman A. Ju	100by 1465	22. HEREBY CERTIFY, That I att	ended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than I dey,hrs.	to have occurred on the date stated above, at 1/35 f.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	24.; death is said
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ouslive (Chronic My ocardilis & OFR. Chronic Indocardilis. Cente heart failure	
12. BIRTHPLACE (city or town) G	nany	Other Contributory Causes of importance:	
13. NAME (Gulls A 14. BIRTHPLACE (city or town) kol- (State or country)	Kuowa	Name of operation Del What test confirmed diagnosis? Was the	
O 10. DINTIN ENGL (City of town)	Kuowy	23. If death was due to external causes (VIOLENCE) fill in also the fo	
2 (State or country) 17. INFORMANT Suggestion As (Address)	1. Jacobs.	Where did injury occur? (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE LESLEY MAGIS	Date Och 14 1934	Manner of Injury	
19. UNDERTAKER (Address) 20. FILED (20. 13. 1934)	Ch B. Durdes Registrar.	24. Was disease or Injury In any way related to occupation of decess If so, specify (Signed) Cluert C. Burgare (Address) Rotakacc	ed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill. etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N-B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD VITH UNFADING INK---THIS IS A PERMANER MARGIN RESERVED FOR BINDING WRITE PLAMLY 4. S. No. 1

	PLACE OF DEATH County Level	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
	Village or City las Galena (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)/9:
	6 DATE OF BIRTH Mout - 9 , 1895 (Month (Day) (Year	that I last saw h malive on Oct 10, 1984, and that death occurred on the date stated above, at 67, m.
7	3 9 yra. 5 mos. / da or min.?	The CAUSE OF DEATH * was as follows:
Tiportain S	(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (state or country) Mayuland	Contributory Secondary (Duration) Luclefrinte de.
ION IS VELY	10 NAME OF FATHER 6, H. Theagur. 11 BIRTHPLACE OF FATHER C (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	(Signed) 192 / (Address) *St.te the Disase Causing Death, or, in destha from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
20000	of MOTHER Sarah 19 Dinder 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
statement o	(Informant) Mes Emma L Vane. (Address) Salenn Mal.	Former or usual residence
-	Filed L. 1934 July Registra:	Maninh. Williams, Chretestown Ingl. r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Hover return 'Laborer,' "Foreman," "Manager." "Dealer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As example : additional line is provided for the latter statement nature of sary to know cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g., Turner or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very in sortant, so that the relative health Statement of Occupation Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken Physician, whatever, write None Housemuid, etc. If the occupation has been changed report specifically the occupations of persons cn-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, the lumners or industry, and thousa Con no lor Arch ed, Boso For persons who have no occupation a the Li d of wark and Laborerfactory. The ma erial -Coul mine, etc. Lo-amotive But in many also b the chijin cer,

Stateme t of Cau e of Denth—Name, first, the DISEASE CAUSING DEAT the prysifection with respect to time and causaton, as a suggest the same accepted term for the same din a beam, less Crebrospinal fever (the any definite synchym is "condemic cerebrospinal menimitis"; Diphtherm a roid use of "Croup", Typhoid Jeser in ever report "Typhoid Preumonia". Brouchopneumonia "Pneumonia".

tetimus) may be stated under the head of "contributory can be asceptained as the cause. Always qualify: Il diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Droby,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Sheck."
"Uraemia," "Wenkness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (diesse American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences ie g., se, se, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head homicide; Polsa ed by Examples: Accidental drowning; Struck by roiling train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOUSE State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite: avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy" "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJULY death, 29 ds.; Bronchopneumonia (secondary), or intercurrent) Committee on Chronic etc. affection vulvular heart disease; Nomenclature of the The contributory need not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. An data is essential and must be obtained before the certificate is permanently filed.

S No. 1

County Kent. Near Village or City Mellington (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) Rahan St.: Ward) Chahan St.: Ward) Chahan Chahan St.: Ward) Chahan Chahan St.: Ward) Chahan Compared in a hospital or institution, give its NAME instead of street and number.
2FULL NAME PARACE S. S	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Married (Write the word)	16 DATE OF DEATH O. 12, 1934 (Month) (Day) (Year)
6 DATE OF BIRTH July 23, 1870 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1914 to Oct 12 , 1934, that I last saw have alive on Oct 12 , 1924,
7 AGE GH yrs. 2 mos. 19 ds. or min.	and that death occurred on the date stated above, at 11-00 Pm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Harmer. particular kind of work (b) General nature of industry	Central Humber
business, or establishment in which employed or (employer)	(Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) Maryland.	Contributory Valence Allers Allers
10 NAME OF FATHER Wm. Shuhun	(Signed). Myself Price M. D. Cell () 192)4 (Address) Mulhungha pro
of Father (State or country) Delaware	*State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hannie Coppage	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland .	At place of death
(Informant) Lulu Shahar	if not at place of dea.h? Former or usual residence
(Address) Millington, Ind. R.D.	millington Md. Oct. 16, 1934
Filed Gold 1924 Mr. Association	John a. Jobin Sen Millington Me
If more blanks are needed, addre.s Ltate Negistra	7, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective cf cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g. Farmer or Planter, worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer vous many versions the en at home, who are engaged in the duties of the er," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, ingos, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Com2," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJU.X cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH	10000
County Kent	Registration Dist. No. 21	13
Village or City Rock Hall	NoSt.,St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
	ds How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Johny Henry Thos	wfason	
(a) Residence: No. 19 Jell Office (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH aloked (bay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sorra Vergnesia Parsons	22. I HEREBY CERTIFY, That I attended Ness 1932, to Oct-6	deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 7. 1852	I last saw har aliva on Oci-6 , 19.35	; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, atm.'. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bulkar Pushgree	1934
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and spant in this		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Coatributory Causes of importanca:	
12. BIRTHPLACE (city or town) Lewis : Es (State or country) Macy land	Seples Ceptitos mith	1934
13. NAME James Thefund Hompon	Enlargus Prostate	
13. NAME Seemes The face Shorings of 14. BIRTHPLACE (city or town) Kull Co (Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an	au'opsy?
15. MAIDEN NAME Martha Jun as hley	23. If death was dua to external causas (VIOLENCE) fill in also the followin	g:
15. MAIDEN NAME Marties dum as hley 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Merrit Thompson Son	Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL Place design Character Date 10/19/19/39	Manner of Injury	
19. UNDERTAKER Abold & Silling	Natura of Injury 24. Was disease or injury in any way related to occupation of deceased?	/
20. FILED / 1/8	(Signed) Such Linich (Address) A Lythirm 2	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PERMANENT RECORD. Every item of infor-PHYSICIANS statement classified. certificate. back plnods instructions in plain terms, mation should be carefully CAUSE OF DEATH -WRITE LION

		31	AIL	7	MAR	LAND	•
1	. PLACE OF	DEAT	Н				-
	County	Key	1-				
	Village or Cit	v. 2	nurle	e			
		,				(If	
	Length of resid	ence in city	or town where	death oc	curred	yrsmos	•
2	. FULL NAM	TE /	ney	d	liza	beth	_~
	(a) Residence	e: No	Far	lee	0		
	``			-	Usual place		1
_			STATIST				-
3.	SEX	4. COLOR	OR RACE	5. S1!	NGLE, MARI	RIED, WIDOWED, (write the word)	1
	Tenrale		rete			ried	
5a.	If married, widowe HUSBAND of	d, or divor	ced		2-4		-
	(or) WIFE of	ffer	son h	le	eto,	_	1
	DATE OF BIRTH (month day	and vary 7	071	6	# 1857	
	AGE Yaar	1	Months	1	Days	if LESS than	
	7,	/	11		1	l day,hrs.	
-	8. Trade, profess	sion, or pa	rticular			1 011016.	-
NO.	kind of w	ork done, a	ER, etc.	20	ne		
OCCUPATI	9. Industry or b	usiness in	which				-
CUF	SAW MILI	dona, as S L, BANK, e	tc				-
Ö	10. Date decease this occup	d last work ation (mon	ked at th and		spai	me (years) it in this	
_	year)		1 4		0000	pation	-
t2	BIRTHPLACE (city		Leut	X	Pm. b	<i>t</i>	-
_	(State or coun	try)	7	-	100	,	-
FATHER	13. NAME	ulle	ene. J.	N	ep M	on	-
AT	14. BIRTHPLACE	(city or to	wn)	ist	120	,	-
-	(State or	country)			my	, ,	-
HER	15. MAIDEN NAM	ME J	man	,	Wei		-
MOTHER	16. BIRTHPLACE		wn) Ne	w	0	·- <i>y</i>	-
Σ	(State 6)	country)	//	nh.	ne	1	-
17	(Address)	fere	a leil	ac.	on A	e. 5ml	-
18	BURIAL, CREMAT	ON OR R	ENDYAL			1010	
	Piace Stel	1000	of temples	9 - Da	е	9 / 1934	
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15). UNDERTAKER (Addréss)	,,,,,	Cheste	Lau	m , be	0	-
	10AL	8	34	2 1	L	utt	
20	, FILED	,	90 7			Registrar.	-

Registration Dist. No. 20 occurred in a hospital or institution, give its NAME instead of street and number) long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH ERTIFY. That I attended deceased from to have occurred on the date stated above, at, The PRINCIPAL CAUSE OF DEATH and related causes of importanca Date of onset Other Contributory Causes of importance What tast confirmed diagnosis? _____ Was there an au'opsy? ____ 23. If death was due to external causas (VIOL ENCE) fill In also the following: Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased? If so, specify __ (Signed)__

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